TRANSMITTAL FORM	Application Number	10/583,241
	Filing Date	6/15/2006
	First Named Inventor	Jerry R. Awbrey
	Art Unit	3754
(to be used for all correspondence after initial filing)	Examiner Name	Stephanie E. Tyler
Total Number of Pages in This Submission 17	Attorney Docket Number	IDI-8-PCT-US

ENCLOSURES *(Check all that apply)*

[X] Fee Transmittal Form
   [X] Fee Attached
[X] Amendment / Reply
   [X] After Final
   [ ] Affidavits/declaration(s)
[ ] Extension of Time Request
[ ] Express Abandonment Request
[ ] Information Disclosure Statement
[ ] Certified Copy of Priority Document(s)
[ ] Reply to Missing Parts/ Incomplete Application
   [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53

[ ] Drawing(s)
[ ] Licensing-related Papers
[ ] Petition
[ ] Petition to Convert to a Provisional Application
[ ] Power of Attorney, Revocation Change of Correspondence Address
[ ] Terminal Disclaimer
[ ] Request for Refund
[ ] CD, Number of CD(s) _____
   [ ] Landscape Table on CD

[ ] After Allowance communication to (TC)
[ ] Appeal Communication to Board of Appeals and Interferences
[ ] Appeal Communication to TC **(Appeal Notice, Brief, Reply Brief)**
[ ] Proprietary Information
[ ] Status Letter
[X] Other Enclosure(s) (please identify below):
Return Receipt Postcard, Request for Continued Examination, Check for $470

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	J. Bennett Mullinax, LLC		
Signature	*Neal P. Pierotti*		
Printed name	Neal P. Pierotti		
Date	December 17, 2009	Reg. No.	45716

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	*Neal P. Pierotti*		
Typed or printed name	Neal P. Pierotti	Date	December 17, 2009

FEE TRANSMITTAL
For FY 2008

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

[X] Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 405

Complete if Known

Application Number	10/583,241
Filing Date	6/15/2006
First Named Inventor	Jerry R. Awbrey
Examiner Name	Stephanie E. Tyler
Art Unit	3754
Attorney Docket No.	IDI-8-PCT-US

METHOD OF PAYMENT (check all that apply)

[X] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[X] Deposit Account Deposit Account Number: 50-3172 Deposit Account Name: J. Bennett Mullinax, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below   [ ] Charges fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayments of fee(s)   [X] Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee ($)		Fee Paid ($)
20	- 20 or HP = 0	x $26.00	=	$ 0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
$195.00	_____

Indep. Claims	Extra Claims	Fee ($)		Fee Paid ($)
3	- 3 or HP = 0	x $110.00	=	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)		Fee Paid ($)
37 - 100 =	0 / 50 =	0 (round up to a whole number) x	$135.00	=	$ 0.00

4. OTHER FEE(S)
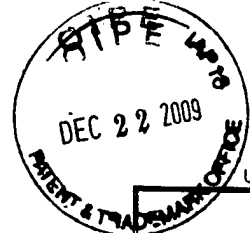
Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination — Fees Paid($) 405

SUBMITTED BY

Signature	*Neal P. Pierotti*	Registration No. (Attorney/Agent) 45716	Telephone 864 987 9696
Name (Print/Type)	Neal P. Pierotti		Date December 17, 2009

DEC 22 2009

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008

[X] Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 405

Complete if Known

Application Number	10/583,241
Filing Date	6/15/2006
First Named Inventor	Jerry R. Awbrey
Examiner Name	Stephanie E. Tyler
Art Unit	3754
Attorney Docket No.	IDI-8-PCT-US

METHOD OF PAYMENT (check all that apply)

[X] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[X] Deposit Account Deposit Account Number: 50-3172 Deposit Account Name: J. Bennett Mullinax, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below [ ] Charges fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 [X] Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
20 - 20 or HP =	0	x $26.00 =	$ 0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
$195.00	_____

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
3 - 3 or HP =	0	x $110.00 =	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
37 - 100 =	0 / 50 =	0 (round up to a whole number) x	$135.00 =	$ 0.00

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

Fees Paid ($)
405

SUBMITTED BY

Signature	*Neal P. Pierotti*	Registration No. (Attorney/Agent) 45716	Telephone 864 987 9696
Name (Print/Type)	Neal P. Pierotti		Date December 17, 2009